

Application Data Sheet**Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	NEW DIABETES TYPE 2 ANIMAL MODEL
Attorney Docket Number::	1501-1319
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	7
Small Entity?::	Yes
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: SWEDEN
Status:: Full Capacity
Given Name:: HELENA
Middle Name::
Family Name:: EDLUND
Name Suffix::
City of Residence:: UMEÅ
State or Province of
Residence::
Country of Residence:: SWEDEN
Street of Mailing MELLANBÅGEN 18
Address::
City of Mailing Address:: UMEÅ
State or Province of Mailing Address::
Country of Mailing Address:: SWEDEN
Postal or Zip Code of Mailing Address:: S-907 38

Applicant Authority Type:: Inventor
Primary Citizenship Country:: ISRAEL
Status:: Full Capacity
Given Name:: MICHAEL
Middle Name:: D.
Family Name:: WALKER
Name Suffix::
City of Residence:: REHOVOT
State or Province of
Residence::
Country of Residence:: ISRAEL
Street of Mailing 40 SDEROT HEN, APARTMENT 12
Address::
City of Mailing Address:: REHOVOT

State or Province of Mailing Address::
Country of Mailing Address:: ISRAEL
Postal or Zip Code of Mailing Address:: 76469

Applicant Authority Type:: Inventor
Primary Citizenship Country:: ISRAEL
Status:: Full Capacity
Given Name:: NIR
Middle Name::
Family Name:: RUBINS
Name Suffix::
City of Residence:: REHOVOT
State or Province of
Residence::
Country of Residence:: ISRAEL
Street of Mailing Address:: 2 NEVE ALON STREET, APARTMENT 29
City of Mailing Address:: REHOVOT
State or Province of Mailing Address::
Country of Mailing Address:: ISRAEL
Postal or Zip Code of Mailing Address:: 76455

Applicant Authority Type:: Inventor
Primary Citizenship Country:: SWEDEN
Status:: Full Capacity
Given Name:: PÅR
Middle Name::
Family Name:: STENEBERG
Name Suffix::
City of Residence:: UMEÅ
State or Province of
Residence::
Country of Residence:: SWEDEN
Street of Mailing Address:: KUSTVÅGEN 73

Address::

City of Mailing Address:: UMEÅ

State or Province of Mailing Address::

Country of Mailing Address:: SWEDEN

Postal or Zip Code of Mailing Address:: S-905 80

Correspondence Information

Correspondence Customer 00466

Number::

Representative Information

Representative Customer	00466
Number::	

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/SE2004/001209	8/18/04
This application	An application claiming the benefit under 35 USC 119(e)	60/481,249	8/18/03
This application	An application claiming the benefit under 35 USC 119(e)	60/481,608	11/7/03
This application	An application claiming the benefit under 35 USC 119(e)	60/521,377	4/14/04

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::

Assignment Information

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::